Please type a plus sign (+) inside this box	->	$\Box$
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## **CHANGE OF CORRESPONDENCE ADDRESS** Application

Address to: **Assistant Commissioner for Patents** Washington, D.C. 20231

Application Number	10/755,622					
Filing Date	01/12/2004					
First Named Inventor	MOHROR					
Group Art Unit	1638					
Examiner Name	FOX, DAVID T					
Attorney Docket Number	P06269US01-PHI 1203					

to:	ge the Correspondence Address for the above	-identifi	ied	application		e Customer	
OR X	Type Customer Number h	ere			Lat	oel here	
Firm or Individual Name	PIONEER HI-BRED INTERNATIONAL, INC.						
Address	7250 NW 62ND AVENUE						
Address	PO BOX 552						
City	JOHNSTON	State		IA	ZIP	50131-055	
Country	UNITED STATES						
Telephone	515-248-4888	Fa	ıx	515-334	5-334-6883		
Number to	Applicant.  Assignee of record of the entire inte Certificate under 37 CFR 3.73(b) is		ed.				
Typed or				·			
Printed Name	LILA A. T. AKRA	.D			<u> </u>		
Signature	Xula a.74	T/2	a	d			
Date:	10-27-06					•	

Burdon Hour Stitument: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual co-comments on the amount of time you are required to complete this form should be east to the Chief beforestion Offices, Pulsars and Trademac Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Weshington, DC 20231.